



PATENT  
450100-02102

3621  
41

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Yoichiro Sako et al.  
Serial No. : 09/406,486  
For : INFORMATION DISTRIBUTING METHOD AND  
SYSTEM  
Filed : September 27, 1999  
Examiner : Backer, Firmin  
Art Unit : 3621

**RECEIVED**  
MAY 20 2004  
**GROUP 3600**

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with  
the United States Postal Service as first class mail in an envelope  
addressed to: Mail Stop Amendment Commissioner for Patents,  
P.O. Box 1450, Alexandria, VA 22313-1450, on May 11, 2004.

Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

*Gordon Kessler*  
Signature

May 11, 2004

Date of Signature

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Office Action dated February 20, 2004, please  
amend this application as follows.



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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Sir: Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	26	Minus	= 26	0 x	\$18(9)	= \$0.00
Independent claims	7	Minus	= 7	0 x	\$84(42)	= \$ 0.00
				Total additional fee for this amendment		\$ 0.00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid \_\_, or is paid herewith \_\_.

☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a \_\_ month extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of \$0.00 is attached, which covers the cost of ☐ additional claims \_\_ petition for extension of time.

☐ Charge \$\_\_ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

*Gordon Kessler*  
Signature  
May 11, 2004  
Date of Signature

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicant(s)

*Gordon Kessler*  
By: Gordon Kessler  
Reg. No. 38,511  
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